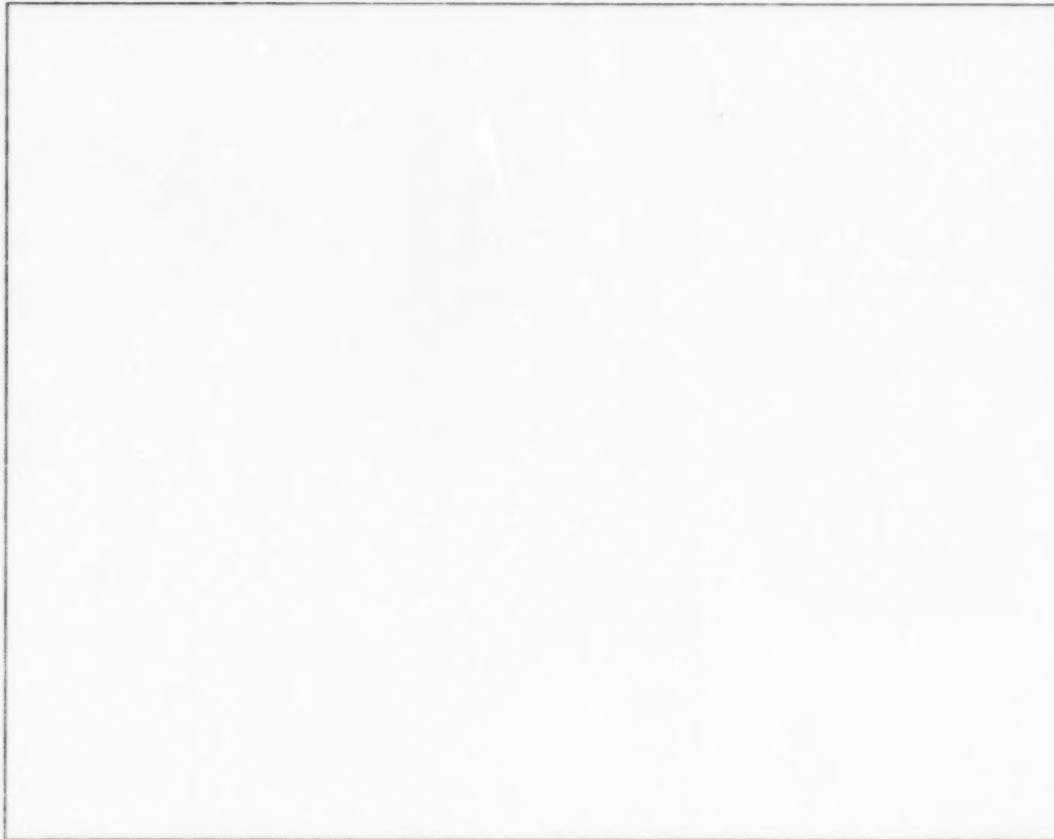


Survey of Occupational Injuries and Illnesses, 2002



U.S. Department of Labor
Bureau of Labor Statistics



Please correct your company address

Dear Employer:

This survey asks employers to provide information about occupational injuries and illnesses based upon the information you have maintained for Calendar Year 2002 on your *OSHA Forms for Recording Work-Related Injuries and Illnesses*. Copies of these forms were mailed to you in late 2001. Although participation in this survey is mandatory under Public Law 91-596, we have made every effort to reduce the amount of time required wherever possible and still collect the necessary information. To the full extent permitted by law, this information will be held in confidence and be used only for statistical purposes. Contact information is included for each State to provide you with assistance in completing this survey.

Thank you for helping us collect accurate information and for helping to make America's workplaces safer and healthier.

Bureau of Labor Statistics
U.S. Department of Labor

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We estimate it will take you an average of 24 minutes to complete this survey (ranging from 10 minutes to 5 hours per package), including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding the estimates or any other aspect of this survey, including suggestions for reducing this burden, please send them to the Bureau of Labor Statistics, Occupational Safety and Health Statistics (1220-0045), 2 Massachusetts Avenue, N.E., Washington, DC 20212. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. **DO NOT SEND THE COMPLETED FORM TO THIS ADDRESS.**

The Bureau of Labor Statistics and the State agency collecting this information will use the information you provide for statistical purposes only. To the full extent permitted by law, this information will be held in confidence and will not be disclosed without the written consent of your establishment.

OMB No. 1220-0045
Approval expires 10-31-04
BLS-9300 N06

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Who must complete the Survey of Occupational Injuries and Illnesses?


Under Public Law 91-596, all establishments that receive this survey must complete and return it within 30 days, even if they had no work-related injuries and illnesses during 2002.

What do you need to do?

- **Identify the Reporting Site** referred to on the front cover. Complete this survey **only** for the establishment(s) noted on the front cover under **Reporting Site**.
- **Check Your Company Address** printed on the front cover. Make any necessary corrections directly on the front cover.
- **Refer to your Reporting Site's OSHA Forms for Recording Work-Related Injuries and Illnesses.** Copies of these forms were mailed to you in late 2001.
 - your 2002 *Log of Work-Related Injuries and Illnesses* (OSHA Form 300),
 - your 2002 *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A), and
 - your supplemental records of cases with days away from work (OSHA Form 301 or an equivalent).
- **Complete Part 1A and Part 1B.** You can either photocopy your OSHA Form 300A or you can transcribe the entries noted below from your OSHA Form 300A to this survey form.

Copy this information to Part 1B of this survey form.

OSHA's Form 300A
Summary of Work-Related Injuries and Illnesses

Year 20 
U.S. Department of Labor
Occupational Safety and Health Administration

Establishments receiving this form must complete the Summary page and, if they have any work-related injuries or illnesses during the year, must also complete the Log of Work-Related Injuries and Illnesses (OSHA Form 300) and the Supplemental Record of Injuries and Illnesses (OSHA Form 301 or an equivalent). The Summary page must be completed by February 1 of the year following the year covered by the form. The Log of Work-Related Injuries and Illnesses must be completed by April 30 of the year following the year covered by the form. The Supplemental Record of Injuries and Illnesses must be completed by April 30 of the year following the year covered by the form. The Summary page and the Log of Work-Related Injuries and Illnesses must be submitted to the nearest OSHA area office or to the nearest OSHA satellite office. The Supplemental Record of Injuries and Illnesses must be submitted to the nearest OSHA area office or to the nearest OSHA satellite office. The Summary page and the Log of Work-Related Injuries and Illnesses must be submitted to the nearest OSHA area office or to the nearest OSHA satellite office. The Supplemental Record of Injuries and Illnesses must be submitted to the nearest OSHA area office or to the nearest OSHA satellite office.

Number of Cases			
Total number of cases	Total number of cases resulting in days away from work	Total number of cases resulting in job transfer or restriction	Total number of cases resulting in medical treatment beyond first aid
2002	2002	2002	2002

Number of Days			
Total number of days away from work	Total number of days of job transfer or restriction	Total number of days of medical treatment beyond first aid	Total number of days of lost time
2002	2002	2002	2002

Injury and Illness Types

Case	OSHA Code	Description
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Please print this Summary page from February 1 to April 30 of the year following the year covered by the form.

Please print the Log of Work-Related Injuries and Illnesses (OSHA Form 300) and the Supplemental Record of Injuries and Illnesses (OSHA Form 301 or an equivalent) from February 1 to April 30 of the year following the year covered by the form. The Log of Work-Related Injuries and Illnesses must be completed by April 30 of the year following the year covered by the form. The Supplemental Record of Injuries and Illnesses must be completed by April 30 of the year following the year covered by the form. The Summary page and the Log of Work-Related Injuries and Illnesses must be submitted to the nearest OSHA area office or to the nearest OSHA satellite office. The Supplemental Record of Injuries and Illnesses must be submitted to the nearest OSHA area office or to the nearest OSHA satellite office. The Summary page and the Log of Work-Related Injuries and Illnesses must be submitted to the nearest OSHA area office or to the nearest OSHA satellite office. The Supplemental Record of Injuries and Illnesses must be submitted to the nearest OSHA area office or to the nearest OSHA satellite office.

Employment Information

Your establishment name _____

Address _____

City _____ State _____ Zip _____

Telephone (include area code) _____

Employment Information (continued)

OSHA Form 300A (2-2002)

Employment Information (continued)

Number of employees _____

Number of employees injured or ill _____

Sign here _____

Knowledge (including this document) was receipt as a fee _____

I certify that I have reviewed this document and that it is true and correct. I have knowledge of the contents and the accuracy of the information.

Signature _____

Date _____

Copy this information to Part 1A of this survey form.

- **Complete Part 2: Reporting Cases with Days Away from Work** if your establishment had any worker injuries or illnesses that resulted in days away from work in 2002.
- **Write the name of the contact person** we should call with questions in **Contact Information** on the back cover of this booklet.
- **Return this survey booklet** and any attachments in the enclosed envelope within 30 days of the date your establishment received it.

Part 1A. Establishment Information

Using your completed Calendar Year 2002 *Summary of Work-Related Injuries and Illnesses* (OSHA Form 300A), copy the establishment information into the boxes below. If more than one establishment is noted on the front cover under **Reporting Site**, add together the total lines from each specified establishment's OSHA Form 300A to complete the 2002 totals for all establishments. Then copy those totals into the corresponding spaces below. If these numbers are not available on your OSHA Form 300A, or if your establishment does not keep records needed to answer (1) and (2) below, you can estimate using the steps that follow.

1. For the reporting site identified on the cover:
Enter the annual average employment for 2002.
(You can copy this from your OSHA Form 300A.)

Annual average number
of employees for 2002

2. For the reporting site identified on the cover:
Enter the total hours worked for 2002:
(You can copy this from your OSHA Form 300A.)

Total hours worked
by all employees in 2002

Note: Total Hours Worked should exclude vacation, sick leave, holidays, and other non-work time.

If needed: Steps to estimate employment

STEP 1: Add the number of employees your establishment paid in every pay period during 2002. **Include all employees:** full-time, part-time, temporary, seasonal, salaried, and hourly.

Acme Construction pays its employees 26 times each year. During 2002,

In this pay period	Acme paid this many employees
1	10
2	0
3	15
...	...
25	15
26	10
	830 (sum)

STEP 2: Divide the sum by the number of pay periods your establishment had in 2002. **Include** any pay periods when you had **no** employees.

Because Acme has 26 pay periods, it would divide its sum by 26. 830 divided by 26 = 31.92

STEP 3: Round the answer to the next highest whole number. Write the rounded number in the box marked Annual average number of employees.

Acme would round 31.92 to 32 and write that number in the box marked Annual average number of employees.

If needed: Steps to estimate total hours worked

STEP 1: Find the number of full-time employees in your establishment for 2002.

ABC Company had 15 full-time employees during 2002.

STEP 2: Multiply this number by the number of hours worked for a full-time employee in a year. This is equal to the number of full-time hours worked:

ABC Company's 15 full-time employees worked an average of about 1,760 hours each per year after excluding vacation, sick leave, holidays, and other non-work time. (The hours worked for a full-time employee in a year may be different at your reporting site)

15 (full-time employees) times 1,760 (hours worked by a full-time employee in a year) equals 26,400 full-time hours

STEP 3: Add the number of any overtime hours and the number of hours worked by other employees (part-time, temporary, seasonal) to the amount in Step 2:

ABC Company's full time employees worked a total of 1,500 hours of overtime. In addition, 3 part time employees worked a total of 2,715 hours during 2002. Adding these hours to those from Step 2:

Full-time hours from Step 2		26,400
Overtime hours	+	1,500
Part-time hours	+	2,715
Total hours worked by all employees in 2002	=	30,615

3. Check any conditions that might have affected your annual average number of employees or total hours worked during 2002:

- ☐ Strike or lockout
- ☐ Shutdown or layoff
- ☐ Seasonal work
- ☐ Natural disaster or adverse weather conditions
- ☐ Shorter work schedules or fewer pay periods than usual
- ☐ Longer work schedules or more pay periods than usual
- ☐ Other reason: _____
- ☐ Nothing unusual happened to affect our employment or hours figures.

Did you have ANY occupational injuries or illnesses during 2002?

- ☐ Yes. Go to the next section, **Part 1B: Summary of Work-Related Injuries and Illnesses, 2002**.
- ☐ No. Go to **Contact Information** on the back cover.

Part 1B: Summary of Work-Related Injuries and Illnesses, 2002

Using your completed Calendar Year 2002 *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*:

- 1 Copy the establishment summary information into the spaces below. If more than one establishment is noted on the front cover under **Reporting Site**, add together the total lines from each specified establishment's OSHA Form 300A to complete the 2002 totals for all establishments. Then copy those totals into the corresponding spaces below.
- 2 If you prefer, you may enclose a photocopy of your *Summary of Work-Related Injuries and Illnesses (OSHA Form 300A)*. If more than one establishment is noted on the front cover under **Reporting Site**, be sure to include the OSHA Form 300A for all of the specified establishments.
- 3 If any total is zero on your OSHA Form 300A, write "0" in that total's space below.

Number of Cases

Total number of
deaths

(G)

Total number of
cases with days
away from work

(H)

Total number of
cases with job
transfer or restriction

(I)

Total number of
other recordable
cases

(J)

Number of Days

Total number of days of
job transfer or restriction

(K)

Total number of days
away from work

(L)

Injury and Illness Types

Total number of . . .
(M)

(1) Injuries

(2) Skin disorders

(3) Respiratory conditions

(4) Poisonings

(5) All other illnesses

- ▶ The total **Number of Cases** recorded above in G + H + I + J must equal the total **Injury and Illness Types** recorded above in M (1 + 2 + 3 + 4 + 5).
- ▶ If you had any work-related deaths in 2002, please tell us where you assigned/classified each death within the list of items (M1) through (M5) provided under section **Injury and Illness Type** above (e.g., "fatal case was due to injury resulting from fall" or "death resulted from respiratory conditions").

Before you continue...

Look at the total **Number of Cases** you entered in Column H above.

- ▶ If you had **NO** cases in Column H, you are finished with the survey. Go to **Contact Information** on the Back Cover.
- ▶ If you had cases in Column H, Go to **Part 2: Reporting Cases with Days Away from Work**.

Part 2: Reporting Cases with Days Away from Work

This part of the survey asks you about individual injuries and illnesses that resulted in an employee being away from work. Several copies of the form *Case with Days Away from Work* are included. To answer the questions on this form, you'll need:

- ▶ your completed copy of the 2002 *Log* (OSHA Form 300)

Part 2 asks about injuries or illnesses with a check in **Column H** of your *Log*.

- ▶ your completed copies of supplementary documents about the case, such as a workers' compensation report, an accident report, an insurance form, or the *Injury and Illness Incident Report* (OSHA Form 301).

Which cases should you report?

To identify the individual cases to report, follow these steps:

- 1 Go to your completed 2002 OSHA Form 300. If more than one establishment is noted on the front cover under Reporting Site, be sure to look at all your OSHA Form 300's to find which cases to report.
- 2 Mark each case that has a check in **column (H) on the Log** (OSHA Form 300). These are the **only** cases you should report.
- 3 We have designed this survey to ensure that you don't have to report more than approximately 30 cases. If you have significantly more than 30 cases, please go to *If You Need Help . . .* at the back of this booklet and call the phone number listed for your State for assistance.
- 4 Fill out one *Case with Days Away from Work* form for each case that you identified in Step 2. You can find most of the information on a supplementary document such as a workers' compensation report, an accident report, an insurance form, or the *Injury and Illness Incident Report* (OSHA Form 301).

(If you need more *Case with Days Away from Work* forms, you may either photocopy a blank one or go to *If You Need Help . . .* at the back of this booklet and call the phone number listed for your State).
- 5 When you have finished, proceed to *Contact Information* on the back cover of this booklet.

Case with Days Away from Work

Tell us about a 2002 occupational injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of *Part 2: Reporting Cases with Days away from Work*.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Employee's name (column B)	Job title (column F)	Date of injury or onset of illness (column D)	Number of days of job transfer or restriction (column G)	Number of days away from work (column E)
		/ / 02		

Tell us about the Employee

1. Check the category which **best** describes the employee's regular type of job or work. (optional)

- | | |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Delivery or driving |
| <input type="checkbox"/> Product assembly, product manufacture | <input type="checkbox"/> Food service |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Farming |

2. Employee's race or ethnic background: (optional-check one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Not available

NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.

3. Employee's age: _____ OR date of birth: _____/_____/_____ (month / day / year)

4. Employee's date hired: _____/_____/_____ (month / day / year)

OR check length of service at establishment when incident occurred:

- ☐ Less than 3 months
☐ From 3 to 11 months
☐ From 1 to 5 years
☐ More than 5 years

5. Employee's sex:

- ☐ Male
☐ Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: _____ ☐ a.m. ☐ p.m.

7. Time of event: _____ ☐ a.m. ☐ p.m. (if) ☐ Check if time cannot be determined.

8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

9. What happened? Tell us how the injury or illness occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

11. What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

N	P	S	E	SS	OCC
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Case with Days Away from Work

Tell us about a 2002 occupational injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of *Part 2: Reporting Cases with Days away from Work*.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Employee's name (column B)	Job title (column C)	Date of injury or onset of illness (column D)	Number of days of job transfer or restriction (column E)	Number of days away from work (column F)
		/ / 02		

Tell us about the Employee

1. Check the category which **best** describes the employee's regular type of job or work: (optional)

- | | |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Delivery or driving |
| <input type="checkbox"/> Product assembly, product manufacture | <input type="checkbox"/> Food service |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Farming |

2. Employee's race or ethnic background: (optional-check one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Not available

NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.

3. Employee's age: _____ OR date of birth: _____/_____/_____
month day year

4. Employee's date hired: _____/_____/_____
month day year

OR check length of service at establishment when incident occurred:

- ☐ Less than 3 months
☐ From 3 to 11 months
☐ From 1 to 5 years
☐ More than 5 years

5. Employee's sex:

- ☐ Male
☐ Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: _____ ☐ AM ☐ PM
7. Time of event: _____ ☐ AM ☐ PM ☐ Check if time cannot be determined
8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials", "spraying chlorine from hand sprayer", "daily computer key-entry."
9. What happened? Tell us how the injury or illness occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." Examples: "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
11. What object or substance directly harmed the employee? Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

N	P	S	E	SS	OCC
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Case with Days Away from Work

Tell us about a 2002 occupational injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of *Part 2: Reporting Cases with Days away from Work*.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Employee's name <small>(Last, first, MI)</small>	Job title <small>(If applicable)</small>	Date of injury or onset of illness <small>(month/day/year)</small>	Number of days of job transfer or restriction <small>(month/day/year)</small>	Number of days away from work <small>(month/day/year)</small>
_____	_____	____/____/02	_____	_____

Tell us about the Employee

1. Check the category which **best** describes the employee's regular type of job or work. (optional)

- | | |
|---|--|
| <input type="checkbox"/> Office, professional, business, or management staff | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Delivery or driving |
| <input type="checkbox"/> Product assembly, product manufacture | <input type="checkbox"/> Food service |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Material handling <i>(e.g. stocking, loading/unloading, moving, etc.)</i> |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Farming |

2. Employee's race or ethnic background: (optional-check one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Not available

NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.

3. Employee's age: _____ OR date of birth: ____/____/____
month/day/year

4. Employee's date hired: ____/____/____
month/day/year

OR check length of service at establishment when incident occurred:

- ☐ Less than 3 months
☐ From 3 to 11 months
☐ From 1 to 5 years
☐ More than 5 years

5. Employee's sex:

- ☐ Male
☐ Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: ____:____:____ ☐ AM ☐ PM

7. Time of event: ____:____:____ ☐ AM ☐ PM ☐ Check if time cannot be determined

8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

9. What happened? Tell us how the injury or illness occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

11. What object or substance directly harmed the employee? *Examples:* "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

N	P	S	E	SS	OCC
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Case with Days Away from Work

Tell us about a 2002 occupational injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of **Part 2: Reporting Cases with Days away from Work**

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Employee's name <small>(column B)</small>	Job title <small>(column C)</small>	Date of injury or onset of illness <small>(column D)</small>	Number of days of job transfer or restriction <small>(column E)</small>	Number of days away from work <small>(column F)</small>
		/ / 02		

Tell us about the Employee

1. Check the category which **best** describes the employee's regular type of job or work: (optional)

- | | |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Delivery or driving |
| <input type="checkbox"/> Product assembly, product manufacture | <input type="checkbox"/> Food service |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Farming |

2. Employee's race or ethnic background: (optional-check one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Not available

NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.

3. Employee's age: _____ OR date of birth: _____
month day year

4. Employee's date hired: _____
month day year

OR check length of service at establishment when incident occurred:

- ☐ Less than 3 months
☐ From 3 to 11 months
☐ From 1 to 5 years
☐ More than 5 years

5. Employee's sex:

- ☐ Male
☐ Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: _____ ☐ AM ☐ PM
7. Time of event: _____ ☐ AM ☐ PM ☐ Check if time cannot be determined
8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."
9. What happened? Tell us how the injury or illness occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."
10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected, be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."
11. What object or substance directly harmed the employee? *Examples:* "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

N	P	S	E	SS	OCC
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Case with Days Away from Work

Tell us about a 2002 occupational injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of *Part 2: Reporting Cases with Days away from Work*.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Employee's name	Job title	Date of injury or onset of illness	Number of days of job transfer or restriction	Number of days away from work
		/ / 02		

Tell us about the Employee

1. Check the category which **best** describes the employee's regular type of job or work. (optional)

- | | |
|---|---|
| <input type="checkbox"/> Office, professional, business, or management staff | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Delivery or driving |
| <input type="checkbox"/> Product assembly, product manufacture | <input type="checkbox"/> Food service |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Material handling (e.g. stocking, loading/unloading, moving, etc.) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Farming |

2. Employee's race or ethnic background: (optional-check one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Not available

NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.

3. Employee's age: _____ OR date of birth: ____/____/____

4. Employee's date hired: ____/____/____
month day year

OR check length of service at establishment when incident occurred:

- ☐ Less than 3 months
☐ From 3 to 11 months
☐ From 1 to 5 years
☐ More than 5 years

5. Employee's sex:

- ☐ Male
☐ Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: ____:____:____

7. Time of event: ____:____:____ Check if time cannot be determined

8. What was the employee doing just before the incident occurred? Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

9. What happened? Tell us how the injury or illness occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

11. What object or substance directly harmed the employee? *Examples:* "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

N	P	S	E	SS	OCC
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Case with Days Away from Work

Tell us about a 2002 occupational injury or illness **only** if it resulted in days away from work. To find out which case(s) you should report, read the instructions at the beginning of *Part 2: Reporting Cases with Days away from Work*.

Tell us about the Case

Go to your completed OSHA Form 300. Copy the case information from that form into the spaces below.

Employee's name <small>(part 10, 11)</small>	Job title <small>(part 10, 11)</small>	Date of injury or onset of illness <small>(part 10, 11)</small>	Number of days of job transfer or restriction <small>(part 10, 11)</small>	Number of days away from work <small>(part 10, 11)</small>
		/ / 02		

Tell us about the Employee

1. Check the category which *best* describes the employee's regular type of job or work: (optional)

- | | |
|---|--|
| <input type="checkbox"/> Office, professional, business, or management staff | <input type="checkbox"/> Healthcare |
| <input type="checkbox"/> Sales | <input type="checkbox"/> Delivery or driving |
| <input type="checkbox"/> Product assembly, product manufacture | <input type="checkbox"/> Food service |
| <input type="checkbox"/> Repair, installation or service of machines, equipment | <input type="checkbox"/> Cleaning, maintenance of building, grounds |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Material handling <i>(e.g. stocking, loading/unloading, moving, etc.)</i> |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Farming |

2. Employee's race or ethnic background: (optional-check one or more)

- ☐ American Indian or Alaska Native
☐ Asian
☐ Black or African American
☐ Hispanic or Latino
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Not available

NOTE: You may either answer questions (3) to (11) or attach a copy of a supplementary document that answers them.

3. Employee's age: _____ OR date of birth: ____/____/____

4. Employee's date hired: ____/____/____

OR check length of service at establishment when incident occurred:

- ☐ Less than 3 months
☐ From 3 to 11 months
☐ From 1 to 5 years
☐ More than 5 years

5. Employee's sex:

- ☐ Male
☐ Female

Tell us about the Incident

Answer the questions below or attach a copy of a supplementary document that answers them.

6. Time employee began work: ____:____:____ ☐ AM ☐ PM

7. Time of event: ____:____:____ ☐ AM ☐ PM ☐ Check if time cannot be determined

8. What was the employee doing just before the incident occurred?

Describe the activity as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."

9. What happened? Tell us how the injury or illness occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."

10. What was the injury or illness? Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."

11. What object or substance directly harmed the employee?

Examples: "concrete floor"; "chlorine"; "radial arm saw." If this question does not apply to the incident, leave it blank.

N	P	S	E	SS	OCC
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Contact Information

Fill in the name, title, and phone number of the person we should call with questions about the survey.

Printed name _____

Telephone number _____

Ext _____

Fax number _____

Title _____

Today's date _____

Use the return envelope to send us the **entire package** -- everything that we sent you -- within 30 days of the date your establishment received it. If the return envelope is missing, send the **entire package** to the return address on the front cover (look for *Address for Return Envelope*).

If You Need Help . . .

If you have any questions or if you need help completing this survey, call the phone number that is listed below for your State. The phone number may be for an office outside your State, but they will be able to help you. If you prefer to write, send your letter to the return address on the front of this package

Alabama

(334) 242-3460
(334) 240-3417 fax

Alaska

(907) 465-4539
(907) 465-2101 fax

Arizona

(602) 542-3739
(602) 542-6360 fax

Arkansas

(501) 682-4542
(501) 682-4754 fax

California

(415) 703-3020
(415) 703-3029 fax

Colorado

(816) 426-2483
(816) 426-7774 fax

Connecticut

(860) 566-4380
(860) 566-1731 fax

Delaware

(302) 761-8221, 8223
(302) 761-6601 fax

District of Columbia

(908) 928-1327
(908) 928-1340 fax

Florida

(850) 922-8953
(850) 922-0024 fax

Georgia

(404) 679-0687
ext. 114, 115
(404) 679-5818 fax

Guam

(671) 475-3168
(671) 475-0166 fax

Hawaii

(808) 586-9001
(808) 586-9022 fax

Idaho

(415) 975-4473
(415) 975-4472 fax

Illinois

(217) 524-2098
(217) 557-5152 fax

Indiana

(317) 232-2668
(317) 233-3790 fax

Iowa

(515) 281-3661
(515) 242-5076 fax

Kansas

(785) 296-5642
(785) 291-3612 fax

Kentucky

(502) 564-3070
ext. 276, 277, 278, 279
(502) 564-1682 fax

Louisiana

(225) 342-1369
(225) 342-3269 fax

Maine

(207) 624-6453
(207) 624-6450 fax

Maryland

(410) 767-2373
(410) 333-7909 fax

Massachusetts

(617) 727-3593
(617) 727-5726 fax

Michigan

(517) 322-1848
(517) 322-5117 fax

Minnesota

(388) 589-6322 toll free
(651) 284-5428 local
(651) 297-1549 fax

Mississippi

(404) 562-2518
(404) 562-2542 fax

Missouri

(573) 751-2454, 3802,
2663, 2719
(573) 751-2319 fax

Montana

(800) 541-3904 toll free

Nebraska

(800) 599-5155 toll free
(402) 471-3547 local
(402) 471-2700 fax

Nevada

(775) 684-7083
(775) 687-3826 fax

New Hampshire

(617) 565-2302
(617) 565-3847 fax

New Jersey

(609) 633-0755
(609) 633-0618 fax

New Mexico

(505) 827-4230
(505) 827-4422 fax

New York

(212) 352-6688, 6690
(212) 352-6711 fax

North Carolina

(919) 733-2758
(919) 733-2186 fax

North Dakota

(312) 353-7253
(312) 353-7230 fax

Ohio

(312) 353-7253
(312) 353-7230 fax

Oklahoma

(405) 528-1500 ext. 257
(405) 526-3412 fax

Oregon

(503) 947-7030
(503) 378-3134 fax

Pennsylvania

(215) 861-5638
(215) 861-5736 fax

Puerto Rico

(787) 754-5737
(787) 765-4687 fax

Rhode Island

(401) 462-8820
(401) 462-8766 fax

South Carolina

(803) 734-9653, 4298
(803) 734-9772 fax

South Dakota

(312) 353-7253
(312) 353-7230 fax

Tennessee

(615) 741-1748
(615) 253-5501 fax

Texas

(866) 819-6405 toll free
(512) 804-4652 fax

Utah

(801) 530-6926, 6823
(801) 536-7906 fax

Vermont

(802) 828-5076
(802) 828-2195 fax

Virgin Islands

(340) 776-3700 ext. 2040
(340) 777-4803 fax

Virginia

(804) 786-8011
(804) 786-8418 fax

Washington

(360) 902-5640
(360) 902-5529 fax

West Virginia

(800) 652-9033 toll free
(304) 558-3322 local
(304) 558-0301 fax

Wisconsin

(800) 884-1273 toll free
(608) 267-0394 fax

Wyoming

(866) 530-8811 toll free
(307) 473-3834 fax



END

11-10-04